



## ROYSTON HOCKEY CLUB

### APPLICATION FOR JUNIOR MEMBERSHIP 2011/2012

**Surname** ..... **Mr/Miss/Ms**.....

**Forenames** .....

**Address** .....

.....

**Post Code** .....

**Telephone**      **Home**.....      **Mobile**.....

**Email (please write clearly)** .....

**Date of Birth** .....

**R.H.C. Shirt Number (if applicable)**.....

	Subscription 2011/2012	If paid <u>before</u> 30.09.2011	
	£	£	Tick
*U18 as of 1.9.2011	60.00	40.00	<input type="checkbox"/>
*Juniors U13 as of 1.9.2011 (Including Sunday Training and training top)	35.00	35.00	<input type="checkbox"/>
Parent/Helper	00.00	00.00	<input type="checkbox"/>

\*U18 and Juniors Please complete the details overleaf/attached

Please confirm training top size required and initials (£2.00 extra charge)

5-6  7-8  9-10  11-12  12-13  13 – 14  med  large  Initials .....

BY JOINING ROYSTON HOCKEY CLUB I AGREE TO ABIDE BY ITS CODES OF CONDUCT AND BY ITS POLICIES FOR THE SAFEGUARDING OF YOUNG PEOPLE INVOLVED WITH THE CLUB. THESE CODES AND POLICIES WILL BE REVIEWED ANNUALLY AND PUBLISHED ON THE CLUB WEBSITE. IT IS THE RESPONSIBILITY OF CLUB MEMBERS, OR IN THE CASE OF YOUNG MEMBERS THEIR PARENTS, TO FAMILIARISE THEMSELVES WITH THESE DOCUMENTS AT THE START OF EACH SEASON.

I ACCEPT THAT THE ROYSTON HOCKEY CLUB HAS THE RIGHT TO REFUSE OR WITHDRAW MEMBERSHIP AT ANY TIME.

I ENCLOSE MY CHEQUE  OR CASH  FOR £.....[Please tick appropriate box] Cheques payable to ROYSTON HOCKEY CLUB

SIGNATURE ..... DATE .....

Please return this completed form with your remittance to Sarah Gourd, 2 Blake Close, Royston, Herts SG8 5UX **together with a passport-sized photograph, with your name printed clearly on the reverse - by 30th September 2011 to obtain cheaper rates.** Any queries please phone Sarah on 01763 220998 or email: [info@roystonhockey.co.uk](mailto:info@roystonhockey.co.uk) Parents can also obtain a card for access to the pitch. Please provide details on separate form.

**JUNIOR SECTION  
MEDICAL INFORMATION**

Is there any medical condition we should know about? eg: Asthma: .....

.....

.....

Is regular medication given?: .....

If yes, please give details. ....

.....

Is there any known allergy to drugs?: .....

If yes, please give details. ....

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In the event of an emergency,  
Please contact:      Name: .....

                                 Home Tel: .....

                                 Mobile tel: .....

Name of Doctor: .....

Address of Doctor: .....

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Telephone No. of Doctor: .....

Dear Parent/Guardian

You should be aware that, as with all sports, there are risks of injury playing hockey, although as a Club, we make every effort to minimise these. Therefore, we have to ensure that in undertaking this activity your child does so with your knowledge and permission and that Royston Hockey Club cannot be held responsible for any injuries. **It is strongly recommended by the Club that all players wear Shin Pads and Gum Shields.**

Parent / Guardian name: .....

Signature: .....

Date: .....